



# **2006 Guide to Basic Health *Plus* and the Maternity Benefits Program**

**DSHS Medical Assistance Administration  
and Basic Health**

If you have questions, call DSHS Medical Assistance helpline at 1-800-562-3022.

The TTY/TDD number is 1-800-848-5429 (for people who have difficulties with hearing or speech).

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# Health plan phone numbers and Web sites

Health Plan Name	Customer Service Hours	Customer Service Phone Numbers	Web Site Address
<b>Columbia United Providers, Inc.</b>	Mon. – Fri. 8 a.m. – 5 p.m.	1-800-315-7862 or 360-891-1520 TDD: 1-866-287-9962 or 360-449-8860	<a href="http://www.cuphealth.com">www.cuphealth.com</a>
<b>Community Health Plan of Washington</b>	Mon. – Fri. 8 a.m. – 6 p.m.	1-800-440-1561 TTY: 1-800-833-6388	<a href="http://www.chpw.org">www.chpw.org</a>
<b>Group Health Cooperative</b>	Mon. – Fri. 8 a.m. – 5 p.m.	1-888-901-4636 TTY: 1-800-833-6388	<a href="http://www.ghc.org">www.ghc.org</a>
<b>Kaiser Foundation Health Plan of the Northwest</b>	Mon. – Fri. 8 a.m. – 6 p.m.	1-800-813-2000 TTY: 1-800-324-8010	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
<b>Molina Healthcare of Washington, Inc.</b>	Mon. – Fri. 8 a.m. – 5:30 p.m.	1-800-869-7165 TTY: 1-877-665-4629	<a href="http://www.molinahealthcare.com/washington">www.molinahealthcare.com/washington</a>

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

ይህ መረጃ በእግርኛ ባለቀንጂ 1-800-660-9840 ይደውሉ። የ TTY/TDD መስመር 1-888-923-5622 ነው። የመስመሩ ወይም የመረጃ ችግር ላላቸው ሰዎች ብቻ ይህን መስመር ለመጠቀም ተፈጻሚ እስፊላንውን መሳሪያ እንዲኖረው ያስፈልጋል።

#### AMHARIC

የሰነድ መረጃ ለጥያቄዎችዎ 1-800-660-9840 ፣ ለጥያቄዎችዎ TTY/TDD ለወን 1-888-923-5622 (ለጥያቄዎችዎ ለመረጃ መስመሩ ለመጠቀም ተፈጻሚ እስፊላንውን መሳሪያ እንዲኖረው ያስፈልጋል) ።

#### CAMBODIAN

ប្រសិនបើ អ្នកមិនចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-800-660-9840 ។ បើ អ្នកមិន ចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-888-923-5622 ។ បើ អ្នកមិន ចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-888-923-5622 ។ បើ អ្នកមិន ចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-888-923-5622 ។ បើ អ្នកមិន ចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-888-923-5622 ។ បើ អ្នកមិន ចេះ ខ្មែរ ឬ អង់គ្លេស ទេ ហៅ 1-888-923-5622 ។

#### CURSES

اگر این اطلاعات به زبان فارسی نیست، لطفاً با شماره 1-800-660-9840 تماس بگیرید. شماره تلفن 1-888-923-5622 برای استفاده خط TTY/TDD میباشد (تنها برای افرادی که مشکل شنوایی یا تکلم دارند، تلفن شما باید با دستگاه مخصوص مجهز باشد).

#### FAO

Yog cov nlaub ntawv no tsis muaj ntawv Hmoob, thov hu xovtooj rau 1-800-660-9840. Tus xovtooj rau TTY/TDD yog 1-888-923-5622 (tus xovtooj no yog rau cov uas nws muaj teeb meem tsis hnov lus lossis muaj teeb meem txog ntawm kev hais lus; koj yuav tsim siv lub xovtooj uas ntaus tau rau yam no).

#### HINDI

No daytoy nga Impormasyon wenno pakaammo ket saan a naisurat ti Ilokano. pangngaasim ta awagam ti numero 1-800-660-9840. Ti makunkuna a TTY/TDD a linya ti telepono ket 1-888-923-5622 (para kadagiti tattao nga marigatan wenno nakapsut ti pinagdengngag da wenno pinagsao da; dayta teleponom ket masapul nga maaddaan ti aparato nga kasta tapno mausar dayta a linya.)

#### ILOKANO

이성 정보가 한국어로 제공되지 않았으면 1-800-660-9840로 전화주십시오. TTY/TDD만은 1-888-923-5622입니다. 이 라만은 청각 및 언어장애자 전용임으로 그에 필요한 설비가 갖추어 있어만 사용 할 수 있습니다.

#### KOREAN

የሰነድ መረጃ ለጥያቄዎችዎ 1-800-660-9840 ይደውሉ። የ TTY/TDD መስመር 1-888-923-5622 ነው። የመስመሩ ወይም የመረጃ ችግር ላላቸው ሰዎች ብቻ ይህን መስመር ለመጠቀም ተፈጻሚ እስፊላንውን መሳሪያ እንዲኖረው ያስፈልጋል።

#### LACTIAN

Yoo Odeettannoon kun Afaan Oromootin miti ta'e lakkotisa 1-800-660-9840 biibila. Lakkotisi biibila (TTY/TDD) 1-888-923-5622 dha (kun kan fayyadu warra dhibee dhagahuf dubbachu qaban qofa; itti biibilufis biibilli kaessan meesha addaa isa barbaachisa).

#### OFKARO

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਪੰਜਾਬੀ ਵਿਚ ਨਹੀਂ ਹੈ ਤਾਂ ਵਿਚਾਰ ਕਰੋ 1-800-660-9840 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। TTY/TDD ਲਾਈਨ ਦਾ ਨੰਬਰ 1-888-923-5622 ਹੈ (ਇਹ ਲਾਈਨ ਕੇਵਲ ਉਹਨਾਂ ਲੋਕਾਂ ਲਈ ਹੈ ਜਿਨ੍ਹਾਂ ਨੂੰ ਸੁਣਨ ਜਾਂ ਬੋਲਣ ਵਿਚ ਬਣਨਾਈ ਹੁੰਦੀ ਹੈ; ਇਸ ਲਾਈਨ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੇ ਫੋਨ ਵਿਚ ਖਾਸ ਸਾਬ-ਸਮਾਨ ਲੱਗਿਆ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੈ)।

#### PUNJABI

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

Dacă aceste informații nu sunt în limba română, vă rugăm să telefonați la 1-800-660-9840. Numărul de telefon pentru persoanele cu deficiențe de vorbire sau de auz este 1-888-923-5622 (pentru a folosi această linie telefonică, telefonul dvs. trebuie să fie dotat cu un dispozitiv special).

#### ROMANIAN

Если данная информация не представлена на русском языке, пожалуйста, позвоните по телефону 1-800-660-9840. Телефонная линия службы TTY/TDD 1-888-923-5622 (только для лиц с нарушениями слуха или речи: чтобы работать с этой линией, ваш телефон должен быть оснащен специальным оборудованием).

#### AFSIIEN

Afai e le fa'aSamoaia sa upu fa'a Samoa, fa'amolemole vala'au ile 1-800-660-9840. Ole TTY/TDD laimi e 1-888-923-5622 (mo tagata o leaga latou fa'alogo po'o le tautala, o lau telefoni e tatau ona aoga mo lea ituaiga laimi).

#### SAMOIEN

Ako ove informacije nisu na srpskohrvatskom, nazovite 1-800-660-9840. TTY/TDD linija je 1-888-923-5622 (samo za ljude koji imaju poteškoće sa sluhom ili govorom: vaš telefon mora biti opremljen za korištenje ove linije).

#### SERBO-CROATIAN

Haddii waarkanu uusan ku qorneyn af Soomaali, iadlan wac 1-800-660-9840. Khadka TTY/TDD waa 1-888-923-5622 (waxaana loogu talagalay oo keliya dadka xagga maqalka iyo hadalka dhibaataada ka qaba; lafaafoonkaagu waa inuu u qalabaysan yahay si aad u isticmaasho khadkan).

#### SOMALI

Si esta información no está en español, llame al 1-800-660-9840. La línea TTY/TDD es 1-888-923-5622 (solamente para personas con dificultades auditivas o del habla; su teléfono debe estar equipado para el uso de esta línea).

#### SPANISH

Kung ang impormasyon na ito ay hindi nasa Tagalog, mangyaring tumawag sa 1-800-660-9840. Ang linya ng TTY/TDD ay 1-888-923-5622 (para lamang sa mga taong may kahirapan sa pandinig o pagsasalita; ang inyong telepono ay kailangang naangkop upang magamit itong linyang ito).

#### TAGALOG

እዚ መረጃ ብትንቢት ብኣሓቕ እንተከይዝ/ትከብሩ 1-800-660-9840 ይወልዱ ናይ TTY/TDD መስመር 1-888-923-5622 እዩ (ናይ ምስማዕ ወይ ምግል-ብ ጸገም ንክለምዎ ለባት ጥራዕ እዩ። ስዒ መስመር ንክትጥቀሙ፣ ቱሊፎንክ ኣሉይ ንክኝ መሳርሒ ክህልዎ ይገባእ)።

#### TIGRIGNA

Якщо ця інформація не на українській мові, будь, please телефонуйте за номером 1-800-660-9840. Телефон лінії TTY/TDD: 1-888-923-5622 (тільки для тих людей, які мають ослаблений слух чи дефекти мовлення). Для того, щоб ви могли користуватися цією лінією, до вашого телефону муєтні бути підключені спеціальне обладнання).

#### UKRAINIAN

Nếu những tin tức này không phải bằng tiếng Việt, xin gọi số 1-800-660-9840. Đường dây dành cho TTY/TDD là 1-888-923-5622 (chỉ dành cho người bị lãng tai hoặc bị trở ngại về nói; điện thoại của quý vị phải được trang bị để có thể dùng đường dây này).

#### VIETNAMESE

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

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Visit the Medical Assistance Web site for  
more information at **[maa.dshs.wa.gov](http://maa.dshs.wa.gov)**  
or the Basic Health Web site at  
**[www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov)**.

To find doctors and other medical providers and  
the health plans they belong to,  
check out the provider directory at  
**[maa.dshs.wa.gov/ipndweb](http://maa.dshs.wa.gov/ipndweb)**.



Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.  
한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

To obtain this document in another format (such as Braille or audio),  
call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.  
TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

## What is Basic Health *Plus*?

Basic Health *Plus* is a Medicaid program for children under 19 in low-income households who are Basic Health members and meet the eligibility guidelines for Medicaid. This program allows you to get extra services, such as dental and eyeglasses, not covered by Basic Health. The Department of Social and Health Services (DSHS) determines eligibility for Basic Health *Plus*. Children who are eligible for Basic Health *Plus* will get letters and a monthly medical I.D. card from DSHS (see page 3). Basic Health will send you information about your child's managed care health plan.

## What is the Maternity Benefits Program?

The Maternity Benefits Program is a Medicaid program for pregnant women who are Basic Health members and meet the eligibility guidelines for Medicaid. This program also allows you to get extra services not covered by Basic Health, with no copays, no premiums, and no waiting period for preexisting conditions. If you are pregnant, call Basic Health at 1-800-660-9840 for a Maternity Benefits Program application. As with Basic Health *Plus*, DSHS determines eligibility for the program. If you are eligible for the Maternity Benefits Program, you will get letters and a monthly medical I.D. card from DSHS (see page 3).

## How do you get your health care?

In most cases, you will get your care from a Basic Health managed care health plan. Once your Basic Health *Plus* or Maternity Benefits Application is approved, you will go through the process of choosing a managed care health plan. This can take some time, so until you are enrolled in a managed care health plan, you will get medical care by using your DSHS medical I.D. card. Once you are enrolled in a managed care health plan, you will officially be a Basic Health *Plus* or Maternity Benefits Program client. Because Basic Health *Plus* and the Maternity Benefits Program are Medicaid programs, you will be eligible for extra benefits paid for by DSHS, as explained on page 5.

## Do you have to be in a health plan?

Yes. As a Basic Health *Plus* or Maternity Benefits Program client, you must be in a Basic Health managed care health plan (see page 2 for information about managed care health plans).



# Information about managed care health plans

## **Does everyone in your family have to be in the same health plan?**

**Yes.** If enrolled in Basic Health, Basic Health *Plus*, or the Maternity Benefits Program through Basic Health, all family members must be in the same health plan. However, there are a few other options. These include children with special health care needs, and families with members who are American Indian or Alaska Native. Please call the Medical Assistance helpline at 1-800-562-3022 for specific information about these exceptions (see page 9 for more information).

## **When you're in a health plan, can you go to any doctor or hospital you want?**

**No.** Each health plan has certain doctors and other medical providers you must use. Most of the health plans also have certain hospitals and pharmacies you must use. When you are in a health plan, the hospitals you can use also depend on which hospitals your doctor uses. Call your health plan's customer service line for more information about their doctors, hospitals, and pharmacies.

## **Will one health care professional take care of most of your health care needs?**

**Yes.** For most of your care, you will go to a medical professional, a doctor, nurse practitioner, or physician assistant, called a primary care provider (PCP). If you need care from a specialist, your PCP will help you find the right specialist and give you a referral.

## **Can you and others on your medical I.D. card have different PCPs?**

**Yes.** While you and your family must be in the same health plan, you can have different PCPs. Of course, all of the PCPs must work with your health plan.

## **Can you and others on your medical I.D. card change PCPs?**

**Yes.** You and other family members can choose a new PCP by calling your health plan's customer service line. Most PCP changes will take place the first day of the next month.

## **What is fee-for-service?**

Fee-for-service means that you can see any doctor who will take your DSHS medical I.D. card and will bill DSHS for your care. Basic Health *Plus* and the Maternity Benefits Program are not fee-for-service programs; however, DSHS will pay for some services, such as dental care and eyeglasses, that your health plan will not pay for. You can find a list of these services on page 5. Remember, it is not always easy to find providers who will take your DSHS medical I.D. card and bill DSHS for your care.

### **TIP**

**One way to find providers that are in managed care health plans is to search the provider directory at [maa.dshs.wa.gov/ipndweb](http://maa.dshs.wa.gov/ipndweb).**

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**



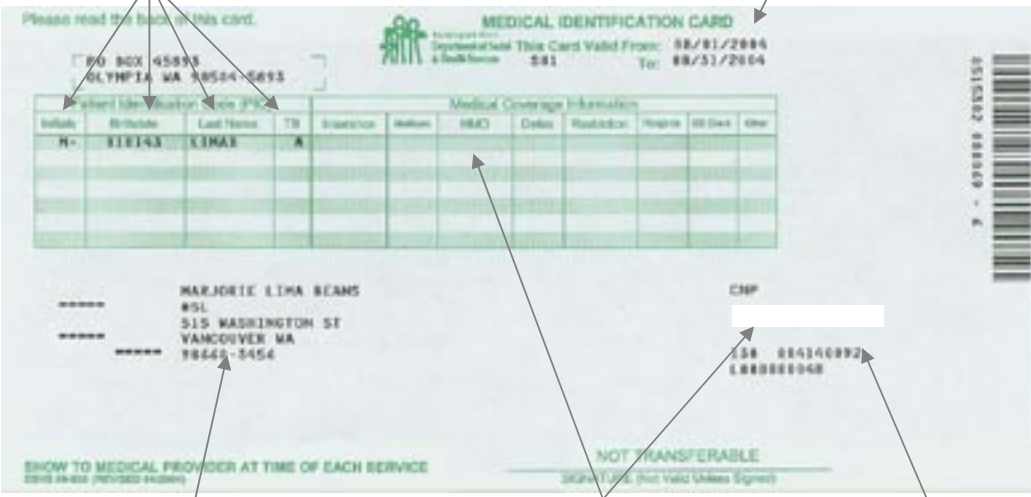
# DSHS medical I.D. card

When you are a Basic Health *Plus* or Maternity Benefits Program member, you will get a new green and white DSHS medical I.D. card each month. Your medical I.D. card tells doctors and other medical providers what medical services you can get. Please check every month to make sure it has the right information. For example, make sure your name and address are correct and the managed care health plan you get care from is right. You will need to show your medical I.D. card *every time* you get medical care or services and when you get prescriptions.

This is what we call your Patient Identification Code or PIC. It is the main way we identify people on Medicaid. It is made up of the first and middle initial, birth date and the first 5 letters of the last name and a "tie-breaker" (TB).

Your card is good for these dates. If you don't get your card in the first week of the month, call us at 1-800-562-3022 right away.

Barcode is for department use only and contains file-based information.



**MEDICAL IDENTIFICATION CARD**  
 This Card Valid From: 08/01/2004 To: 08/31/2004

Initial	Birthdate	Last Name	TB	Insurance	Health	HRAC	Dates	Residence	Phone	Cell	Other
M	111143	LIMAB	A								

MARJORIE LIMA BEANS  
 #51  
 515 WASHINGTON ST  
 VANCOUVER WA 98645-5454

CNP: 00 004340992 1000000040

NOT TRANSFERABLE  
 SIGNATURE (Not Valid Unless Signed)

If you move, you may have to change how you get your health care. Call 1-800-562-3022 for help in changing health plans.

Your health plan's initials and phone number are in these two places.

This is the client's case number. It's the number that begins with "00".

# Health plan I.D. card

When you are enrolled in a managed care health plan, you will also get an I.D. card from the health plan. As a Basic Health *Plus* or Maternity Benefits Program member, you will need both your DSHS medical I.D. card and your health plan I.D. card for medical appointments and prescriptions. If you need care before you get your health plan card, call the health plan listed on your DSHS medical I.D. card.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**



## Benefits and services covered

### Medicaid covers these benefits and services if you are in a health plan or fee-for-service.

If you pick a health plan, they will send you more information about what is covered, and your PCP will help you get the care you need. You can get these services when they are needed. Health plans may cover more services than the ones listed below and may require you to get a referral (permission) to get the medical service. Call the health plan's customer service line for more information.

- Ambulance
- Blood and blood products
- Chiropractic care for children – *only when referred from a well-child exam*
- Dialysis
- Eye exams
- Family planning
- Health education for diabetes and heart disease
- Home health and hospice care
- Hospital care (including emergency room, inpatient, and outpatient services)
- Immunizations (shots)
- Laboratory and x-ray services
- Maternity care and women's health care – *you have to see a health care provider in the health plan you choose*
- Medical supplies and equipment
- Mental health services – *call your health plan for more information*
- Office visits
- Oxygen/respiratory therapy
- Pharmacy/prescriptions – *check your health plan's drug list*
- Physical, occupational, and speech therapy
- Smoking cessation for pregnant women
- Specialty care – *when referred by your PCP*
- Surgery in a hospital or in an ambulatory surgery center
- Tissue and organ transplants
- Urgent care
- Well-child checkups/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

## Benefits and services covered by health plans or other state agencies

You can get the following benefits and services from your health plan or you can go directly to your local health department or family planning clinic to get these services.

- Family planning services and birth control
- HIV and AIDS testing
- Immunizations (shots)
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care
- Women, Infants, and Children (WIC) program (Note: You can **only** get the WIC program from the local health department)

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

## Some benefits are **ONLY** covered by using your DSHS medical I.D. card and are not covered by the health plans

The following benefits and services are covered by DSHS. Your health plan will not pay for these services. You **must** use your DSHS medical I.D. card to get these services and find a provider who will bill DSHS for payment. Some of these services are available through your local community mental health center, health department, or a family planning clinic.

- Dental care with limited orthodontics
- Eyeglasses and fitting services
- First Steps services including maternity support services and infant case management
- Genetic counseling (prenatal only)
- Hearing aids
- Interpreter services for medical visits
- Mental health services (inpatient psychiatric care, outpatient services at Community Mental Health Centers, and medication management)
- Neurodevelopmental services at DSHS-approved centers
- School medical services for special needs students
- Sterilizations when under age 21
- Substance abuse services including detox for alcohol and drugs
- Transportation, other than ambulance, to and from medical appointments
- Voluntary pregnancy terminations

**Note:** Make sure the provider gets approval from Medical Assistance ahead of time so you don't get a bill.

## Benefits and services **NOT** covered by DSHS or the health plans

Some benefits and services are not covered by the health plans or by DSHS. If you get these services, you may have to pay for them yourself. Call your health plan's customer service line or the Medical Assistance helpline for more information.

- Court-ordered services
- Diagnosis and treatment of infertility, impotence, and sexual dysfunction
- Experimental and investigational treatment or services
- Immunizations for international travel
- Medical exams for Social Security Disability
- Medical services while in jail
- Orthoptic (eye training) care for eye conditions
- Personal comfort items
- Physical exams needed for employment, insurance, or licensing
- Plastic surgery for cosmetic reasons
- Reversal of voluntary surgical sterilizations

If you have a question about a benefit or service not listed here, call 1-800-562-3022.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**



## Emergencies and medical care away from home

### Emergency care

An emergency is a sudden or severe life-threatening health problem, including severe pain that needs treatment right away. If you think you have an emergency, no matter where you are, call 911 or go to an emergency room.

### Medical care away from home

If you don't think you have an emergency, but you need to see a doctor while you are away from home, call your primary care provider or your health plan and they will help you get the care you need.

## Advance directives

In case you are unable to make medical decisions about your care, it is a good idea to let your wishes be known ahead of time. This is usually done through "advance directives." There are two kinds of advance directives:

### 1. *Durable Power of Attorney for Health Care*

This names another person to make medical decisions for you if you are not able to make them for yourself.

### 2. *Directive to Physicians (Living Will)*

This is a written statement to your physicians that you want to die naturally and do not want to have treatment that will prolong your life.

If you have any questions about advance directives, please call your health plan's customer service line.

## Women's health care

Washington state law allows women who are enrolled in a managed care health plan to go to a women's health care specialist within the health plan's network of providers without a referral from their primary care provider. If you have any questions about women's health care access, please call your health plan's customer service line.

## Well-child checkups/ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Well-child checkups/EPSDT for children and young adults under 21 include regular checkups to make sure children and young people get the preventive care they need to catch and treat any health problems at an early stage. These checkups (well-child/physical exams) include immunizations (vaccinations), a complete health and developmental history, a complete physical exam, laboratory tests, and vision, hearing, dental/oral health, mental health, and substance abuse screens. If your child is enrolled in a Basic Health *Plus* health plan, call his/her primary care provider for an appointment.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

# Your rights and responsibilities

## You have the right to:

- Give your consent to treatment or care.
- Help make decisions about your health care.
- A second opinion from another provider if you do not agree with your PCP's plan of care for you. Call your health plan to find out how to get a second opinion.
- Get information about:
  - Your care.
  - Your doctor and how referrals are made.
  - How the health plan pays for care, including visits to specialists and other providers (please call your health plan's customer service line to ask for this information).
  - All options for care and why you are getting certain kinds of care.
  - Your health plan.
  - Covered services.
- Receive services in a timely manner and as close to your home as possible.
- Be treated with respect. Discrimination is prohibited in all programs and activities. No one shall be excluded on the basis of race, color, national origin, sex, age, religion, creed, or disability.
- Be able to speak freely about your health care and concerns without any negative results.
- Have your records and information about your care kept confidential.
- Ask for copies of your medical records and ask for changes when necessary.
- Make complaints and grievances.

## You have the responsibility to:

- Help make decisions about your health care.
- Give your doctors the best information you can about your health so they can help you get the care you need.
- Follow your doctor's instructions about your health care.
- Learn about your health plan and what services are covered.
- Use health services when you need them.
- Keep appointments and be on time. Call the office if you are going to be late or have to cancel the appointment.
- Show your doctors the same respect you expect from them.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**



# What if you are not happy with your health coverage?

If you are not happy with the care you receive, you have a right to:

- Talk with your doctor about your concern. And if you are still unhappy?
- Call your health plan to file a grievance (your health plan will help you do this).

**Grievances** are complaints about services like:

- A problem with your doctor's office;
- Getting a bill from your doctor; or
- Any other problems you may have getting health care.

**Your health plan has up to 30 days to answer your grievance.**

## Things to know if a medical service is denied—there are time limits.

An **action** is when your health plan denies or ends a medical service you or your doctor asked for. Your health plan will send you a letter when an action has been taken. They will also let you know about your rights if you or your doctor disagree with the health plan's decision. Once you get a denial letter, you have 90 days to ask for an appeal.

**Is it urgent?** For urgent medical conditions, your doctor can ask for an **expedited (quick) review**. Your health plan must make a decision about your case within 72 hours.

An **appeal** is when you or your doctor ask the health plan to review your case because you disagree with the action. You only have 10 days to tell your health plan you want to keep getting the service while they make a decision. Otherwise, the health plan can stop covering that service. Your health plan must send you a letter giving their final decision

within 30 days. If you *still* disagree, you have 90 days to ask DSHS for a fair hearing.

A **fair hearing** is when you ask DSHS to review your case after your health plan has denied your appeal. You have the right to have someone (like a lawyer) help you present your case at the fair hearing. To ask for a DSHS fair hearing, your health plan must have denied your appeal. You can ask for a fair hearing by calling your local Community Service Office (CSO) or sending a letter to:

Medical Assistance Administration -  
Office of Administrative Hearings  
PO Box 42489, Olympia, WA 98504-2489

Tell DSHS what service was denied, the date it was denied, and why you want a fair hearing. Also, be sure to give us your name, address, and phone number.

Once you have had a fair hearing, DSHS will send you a letter with their decision. If you disagree with the fair hearing decision, you can ask your health plan for a review by an Independent Review Organization (IRO). An IRO is a group of doctors, not working for your health plan, who will review your case. You have 180 days to call your health plan and ask for an IRO.

If you are not happy with the decision of the IRO, you can have the DSHS Board of Appeals review your case. To ask for a Board of Appeals review, send a letter to:

DSHS Board of Appeals, PO Box 45803, Olympia,  
WA 98504-5803

Or call 1-877-351-0002 (or TTD only (360) 664-6178). You only have 21 days to ask for a DSHS Board of Appeal review after getting your IRO decision letter.

**Note:** If you keep getting a service during any of the review steps and the service is still denied, you may have to pay for the service.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**

# Changing how you get your health care

As a Basic Health *Plus* or Maternity Benefits Program member, you get your care through a health plan in the county where you live. However, getting health care through Basic Health's managed care health plan for some Basic Health *Plus* or Maternity Benefits Program members may not be the best way.

When you are a Basic Health *Plus* or Maternity Benefits Program member, you are also a Medicaid client. As a Medicaid client, you may want to get your health care through another DSHS Medicaid program. Depending on what health plans are in your county, you may choose a DSHS Healthy Options managed care health plan or the DSHS fee-for-service program.

## **You may decide not to be in Basic Health—especially if you or another Basic Health *Plus* or Maternity Benefits Program family member:**

- **are American Indian or Alaska Native** (see page 10 for more details).
- **have other insurance.** Call the Medical Assistance Coordination of Benefits helpline at 1-800-562-6136 with your other private insurance information.
- **are a child with special health care needs** and getting services through your county's Children with Special Health Care Needs program.
- **are homeless**, and you think you will live in a shelter or at a temporary address for a short time (less than four months).
- **are seeing a doctor or other medical provider who is not with your health plan**, and this doctor tells DSHS the medical reasons why you need to keep getting your care from him or her.
- **are hearing impaired** and want to see a doctor or other medical provider who knows sign language, and this doctor is not with your health plan.
- **don't speak English well** and you want to see a doctor or other medical provider who speaks your language, and this doctor is not with your health plan.

Remember, you must call the Medical Assistance helpline at 1-800-562-3022 if you need to change how you get your health care.

**Questions? Call DSHS Medical Assistance helpline at 1-800-562-3022.**



# American Indian and Alaska Native health care choices

If you are or a family member is an American Indian or Alaska Native, you have three choices in how you get medical care. You can choose:

- 1. Basic Health or Healthy Options managed care health plan**, if one is available in your county, and you get your health care from the doctors and other providers who are part of that health plan.
- 2. Tribal clinic or health center** (Primary Care Case Management clinic or health center) that is run by a tribe, Indian Health Service, or an urban Indian organization. See list of tribal clinics and health centers below.

**3. Fee-For-Service.** This means you do not have to sign up for a health plan or tribal clinic. If you ask for an exemption, you can go to any doctor or other provider who agrees to take your medical I.D. card (instead of asking you to pay for the care yourself). This is sometimes called “open coupon.” Before you ask for an exemption, it’s a good idea to call the providers you want to use to make sure they will see you as a fee-for-service patient (they will accept your medical I.D. card).

Tribe	County	Name of Clinic	Phone Number
Any tribe	King	Seattle Indian Health Board	(206) 324-9360
Any tribe	Spokane	Native Health of Spokane	(509) 483-7535
Colville	Ferry	Inchelium Health Center	(509) 722-3331
Colville	Okanogan	Colville Indian Health Center	(509) 634-2900
Lower Elwah Klallam	Clallam	Lower Elwah Health Center	(360) 452-6252
Lummi	Whatcom	Lummi Tribal Health Center	(360) 384-0464
Makah	Clallam	Sophie Trettevick Indian Health Center	(360) 645-2233
Nooksack	Whatcom	Nooksack Community Clinic	(360) 966-2106
Port Gamble S’Klallam	Kitsap	Port Gamble S’Klallam Health Center	(360) 297-2840
Puyallup	Pierce	Takopid Health Center	(253) 593-0232
Quileute	Clallam	Quileute Health Center	(360) 374-9035
Quinault	Grays Harbor	Roger Saux Health Center	(360) 276-4405
Shoalwater Bay	Pacific	Shoalwater Bay Tribal Clinic	(360) 267-0119
Spokane	Stevens	David C. Wynecoop Memorial Clinic	(509) 258-4517
Tulalip	Snohomish	Tulalip Tribes Health Center	(425) 651-4511
Yakama	Yakima	Yakama Indian Health Center	(509) 865-2102